

## **The Medication History and Medication Management**

**Medication management, “the process that a healthcare organization follows in the provision of medication therapy to its patients” (JCAHO), requires that an accurate medication history is the obtained, current, and available to all providers involved in a patient’s care. Medication history and subsequent reconciliation is an ongoing process that occurs each time a change or transition is made in the delivery of care. Although not all aspects of the medication history as described below is required at each care “handoff”, such as during an in hospital transfer, the listed components serve as the foundation of all subsequent medication related activities. It is the basis for safe and intelligent prescriptive practices and as such minimizes the potential for errors of omission and commission in the use of medications in all care environments. Another important aspect of the medication history process is the opportunity to engage the patient not only as a source of information but ascertain their level of understanding of the medication elements of their care. Misunderstanding of drug information is one of the leading causes for patient “non-compliance”.**

### **Content: Initial Interview with the patient**

#### **1. All medications used by patient**

- a. Prescription Medications (all sources DoD and commercial pharmacies)
- b. Over the counter (OTC) including but not exclusively:
  - i. Analgesics (pain relief – systemic and topical)
  - ii. GI medications
  - iii. Bone and joint
  - iv. Allergy
  - v. Vitamins/Minerals
  - vi. Supplements
  - vii. Nutraceuticals
  - viii. Herbs
  - ix. Diet
  - x. Sleep

#### **2. For Each Medication (Including all OTC)**

- a. When started (estimate accepted: look for “newly” started medications)
- b. Dose: medication strength
- c. Frequency: interval, times per day, total daily dose
  - i. Special instructions: i.e. relationship to food intake, modifications based on self testing/symptoms/sighs (insulin, diuretics, anti-hypertensives)
- d. Route of administration
- e. Time/date of last dose taken

#### **3. Date of last refill(s): All medication(s) available at home.**

#### **4. Allergies**

- a. Include all manifestations (Side effect vs. true allergy)
- b. Treatment, hospitalizations